

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2	1					
3	2					
4	2					
5	2					
6	2					
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50						
TOTAL IND.	3					
TOTAL DEP.	63					
TOTAL CLAIMS	66					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
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